TCEQ Microbial Reporting Form (TCEQ-10525) Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule									r	TEXAS Edwards Aquifer Research and Data Center 601 University Dr San Marcos TX 78666																	
Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised- Water System Identification & Sample Collection Information (Please print or ty											СT	× _T	·		601	University	Dr										
(M		er System ID: include all zeros)	TX													STATE UNIVERSITY San Marcos TX 78666 UNIVERSITY 512-245-2329 ma15@txstate.edu TCEQ Labo						TCEQ Laborate	ory ID:				
Public Water System Name:													L	aboratory	/ Analysis		<u>'</u>										
	ubile trater	o you to mind the control of the con														Samp	le Iced	?	Temperature (°C)						Lab Comments		
	Name:													Yes	No		Actual Corrected										
suits 10:	Address:															Temp: Temp: Lab Rejected Code (LR) - Document Rea							ent Reason:				
II Ke	City:		State:						Zip Code:					Start Date	e and T	ime:	Analyst:										
керс	City:					State.				Zip Code.					End Date	Date and Time:		Analyst:									
	Phone #:						PWS Email:											Result Reporting and Approve					roval				
	1	* SAMPLES MARKI	MPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT						NNOT BE USE	USED AS ROUTINE OR REPEAT SAMPLES						Laboratory Approval:									Date: Time:		
	Sample	Identification/Loca	tion	Sa	mple	e Type (√ one)			Col	ollected Ch		lorine Residual				Reported	to PWS	VS By:							e:	Time:	
U	se sample site	location/address ide	ntified in the								Total	ıı	Original Sample Info: Sample ID and Date of Collection		1			Laboratory Analysis Re				alysis Resi	aults				
system's RTCR Sample			Plan	stributi				* "	Date	Time Military Time				Free		Rejection Code		Test Method:		d:				Analysi	Analysis Results meet all accreditation requirements		
D	ow Wolle: Llee	Wall Course ID (Ev.	010245674\	Routine (Distribution)	at l	Nell	al *	Construction	(MM/DD/YY)	(HHMM)	mg/L	mg/L	Replacement	(Repeat, TSM Rav	M Raw			Chlor	ine Check	ne Check Total Coliform		n <i>E. coli</i>		unless stated otherwise.			
Raw Wells: Use Well Source ID			: G1234507A)		Repeat	Raw Well	Special *	Const					Repla	Well, Replacement)	emem)	Recollect		Absen	t Present	Absent	Present	Absent	Present		Laboratory S	ample ID Numbe	er
		l acknowledge ti	nat samples w	ere ha	ndled	d app	ropria	tely a	and all inform	ation is accurate	e. Falsifica	ation of thi	s forr	m or tamperin	g with v	water sam	ples is	a crime	punishable	under sta	te and/or	federal lav	v. (Texas P	enal Code	e, Title 8, Chapte	er 37.10)	
ampler Name (Print): Sampler Signature:									Sampl	Sampler Phone #:																	
S	Sampler Email:								Operator License # (if applicable):																		
R	elinquished B Sampler:	у								Date and Time: Couri				Rec Courier (eived By (if applica	ed By pplicable):						Date	and Time:				
R	elinquished B Courier:	у												Receiv	ved By La	y Lab: Date and Time:											

Instructions for Completing the TCEQ Microbial Reporting Form (TCEQ-10525/INST)

PWS Fields – Left side of the form (left of middle border) must be filled out clearly by the PWS and/or sampler.									
PWS information can be view	ewed at Texas Drinking Water Watch. www.tceq.texas.gov/goto/dww								
Public Water System ID	The 7-digit public water system ID. Must match Texas Drinking Water Watch.								
Public Water System Name	The public water system name. Must match Texas Drinking Water Watch.								
Report Results To	The contact information for who the results should be reported to.								
Sample Identification/Location	The location where the sample was collected. Must match the PWS's Sample Siting Plan.								
Sample Type	Select only one sample type. Routine, Repeat, and Raw Well are compliance sample types.								
Collected Date	The sample collection date in MM/DD/YYYY format.								
Collected Time	The sample collection time in military time in HHMM format.								
Chlorine Residual – Free/Total	The field-tested chlorine residual value (mg/L) in the appropriate column, Free or Total.								
Replacement	Select this box if the sample is a replacement sample following rejected sample.								
Original Sample Info: Sample ID & Date of Collection	The original sample ID and collection date. Use only for repeat, TSM, or replacement samples.								
Sampler Name (Print)	The sampler's printed name.								
Sampler Signature	The sampler's signed name.								
Sampler Phone #	The best phone number to contact the sampler in case of positive or rejected samples.								
Sampler Email	The best email to contact the sampler in case of positive or rejected samples.								
Operator License # (if applicable)	The sampler's water operator license number, if applicable.								
Relinquished By Sampler & Date/Time	Complete at the lab when dropping off samples or when handing samples to a courier.								
Received By Courier & Date/Time (if applicable)	Completed by courier when samples are transferred from sampler to courier.								
Relinquished By Courier & Date/Time (if applicable)	Completed by courier when samples are dropped off at the lab.								
Lab Fields – Right side of the form (right of middle border) must be filled out clearly by lab staff.									
Lab Name and Contact Information	The lab name and contact information.								
Lab Logo/Image	The lab logo or image.								
TCEQ Laboratory ID	The lab's 10-digit TCEQ Lab ID, truncated accreditation certificate number.								
Sample Iced?	Select Yes or No, according to sampler transport.								
Temperature (°C) Actual/Corrected	The sample temperature when received by laboratory, including thermometer correction factor.								
Lab Comments	Any additional comments that are related to the samples on the MRF.								
Incubation Start Date & Time & Analyst	The date, military time, and initials/name of analyst starting sample incubation.								
Incubation End Date & Time & Analyst	The date, military time, and initials/name of analyst ending sample incubation and reporting results.								
Lab Rejected Code (LR) – Document Reason	The reason for using rejection code LR.								
Laboratory Approval & Date/Time	Name of lab personnel approving the sample results with the date and military time.								
Reported to PWS By & Date/Time	Name of lab personnel reporting the sample results to the PWS with the date and military time.								
Test Method	The accredited method used to analyze the samples.								
Rejection Code (if applicable)	The two-letter rejection code when a sample has been rejected. See Table 1 in QAPP Addendum 4.								
Results – Chlorine Check/Total Coliform/E. coli	The presence/absence of residual chlorine, total coliform, and <i>E. coli</i> for each sample.								
Laboratory Sample ID Number	The lab-assigned sample ID number. Must be a unique number for each sample.								
Received By Lab & Date/Time	Completed by lab when samples are accepted from sampler or courier.								

For questions on the Microbial Reporting Form, contact the TCEQ Water Supply Division Revised Total Coliform Program at TCRDATA@tceq.texas.gov, the Groundwater Rule Program at GWRDATA@tceq.texas.gov, or at (512) 239-4691.